	Application Number	10/605,301	
TRANSMITTAL	Filing Date	September 22, 2003	050511/67
FORM.	First Named Inventor	Darrell Snell	RECEIVED
(to be used for all correspondence after initial fill	Art Unit	1724	CENTRAL FAX CE
•	Examiner Name	Peter A. Hruskogi	4110 0 5 00
	Attorney Docket Number		AUG 2 5 20
Total Number of Pages in This Submission			
	ENCLOSURES (Check all t	that apply)	
Fee Transmittel Form Fee Attached	Drawing(s) Licensing-related Papers	to Technol Appeal Co of Appeals	rance communication ogy Center (TC) mmunication to Board and Interferences
Amendment/Repty	Petition		mmunication to TC tice, Brief, Reply Brief)
	Petition to Convert to a		/ Information
After Final	Provisional Application Power of Attorney, Revocation		
Affidavits/declaration(s)	Change of Correspondence A		ler losure(s) (please
Extension of Time Request	Terminal Disclaimer	identify be	
Express Abandonment Request	Request for Refund		
Information Disclosure Statement	CD, Number of CD(s)		
Certified Copy of Priority	Remarks		
Document(s)			
Response to Missing Parts/			
Incomplete Application			
Response to Missing Parts under 37 CFR 1.52 or 1.53			·
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nereby certify that this correspondence is bei	g facsimile transmitted to the USPTC ope addressed to: Commissioner for	or deposited with the United Patents, P.O. Box 1450, Alex	States Postal Service with andria, VA 22313-1450 on
pped or printed name Steven Roberts	_		

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FEE TRANSMITTA	1	Complete if Known								
FEE INAMOMITIA	L	Application Number			r 10/0	10/605,301				
for FY 2005		Filing Date		Sep	September 22, 2003					
Effective 10/01/2004, Palent fees are subject to annual revision.			First Named Inventor			Darrel Snell				
			Examiner Name			Peter Hruskoci				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			172	1724				
TOTAL AMOUNT OF PAYMENT (\$) 65		Attorney Docket No.								
METHOD OF PAYMENT (check all that epply)	FEE CALCULATION (continued)									
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The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1812	2,520			_	request for ex per	te reexamination			
Charge any additional fee(s) or any underpayment of fee(s)	1804	920°	1804	820*	Requesting Examiner s	publication of SU	R prior to			
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to the above-identified deposit account.	1251	110	2251			for reply within firs	et month			
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1. BASIC FILING FEE Large Entity Small Entity	1253		2253	490	Extension	for reply within thi	ird month			
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1002 350 2002 175 Design filing fee 1003 550 2003 275 Plant filing fee	1402		2402			ief in support of an	appeal	·		
1004 790 2004 395 Reissue filing fee	1403		2403		_	or oral hearing	. Бррсы			
1005 160 2005 80 Provisional filing fee		1,510	1451		_	Institute a public u	ise proceeding			
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	1453	1,370	2453	685	Petition to	revive - unintentio	orsal			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,370	2501	685	Utility lasu	e fee (or reiseue)				
Extra Claims below Fee Paid	1502	490	2502	245	Design iss	we fee				
Total Claims X = Independent	1503	660	2503	330	Plant issue	e fee				
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	1807	50	1807	7 50	Processing	g fee under 37 CF	R 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Description	1806	180	1806	180	Submission	n of Information D	iaclosure Stmt	<u> </u>		
Code (\$) Code (\$)	8021	40	8021	40	Recording	each patent assig	nment per roperties)			
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1201 88 2201 44 independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810		(37 CFR 1	,	n to be			
1204 88 2204 44 ** Reissue Independent claims			2801		examined	(37 CFR 1.129(b))			
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	180		1802	382		for Continued Example for expedited example for expedited example.				
and over original patent		of a design application								
SUBTOTAL (2) (\$)							65			
**or number previously paid, if greater, For Relssues, see above Reduced by Besic Filing Fee Paid						SUBTOTAL	(3) (\$) 65			
SUBMITTED BY (Complete (if applicable))										
Name (Print/Type) Steven Roberts		Registra		39,3	346	Telephone	06-6878-2420			
(Afformey/Agent)							2000-			
						J.20	8/2 2</td <td>2005</td>	2005		

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